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BEFORE THE
BOARD OF PODIATRIC MEDICINE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke
Probation and Accusation Against:

ROBERT W. KNIGHT, D.P.M.

902 Cornente Pt. Drive
Redwood City, CA 94065

Podiatric Medicine License No. E-2328

Respondent.

No. D1-90-5611

PETITION TO REVOKE
PROBATION AND ACCUSATION

JAMES H. RATHLESBERGER alleges:

1. Complainant JAMES H. RATHLESBERGER makes and files this
accusation solely in his official capacity as Executive Officer of the Board of Podiatric
Medicine of the State of California.

LICENSE HISTORY

2. On or about June 30, 1978, the Board of Podiatric Medicine issued
license number E-2328 to Robert W. Knight (hereinafter "respondent"). Said license
number E-2328 has an expiration date of November 30, 1995. Respondent has not

1 been issued an ankle license. Respondent has been previously disciplined and is
2 currently on probation to the Board as set forth below. Said license is currently
3 suspended by operation of law pursuant to Business and Professions Code, section
4 2236.1(a).

5 3. Effective August 23, 1992 in Case No. D-4551 before the Board,
6 respondent entered into a stipulation admitting that cause existed to a five year
7 probation, following a formal accusation based on sexual misconduct during the physical
8 examinations of female patients.

9 4. The terms and conditions included in Paragraph 11 of the
10 Stipulation are as follows: (A) Female third party monitor during any examination of
11 any female patient above the knee other than the head, arms or legs; (B) Sixteen
12 hours per month of free community medical service; (C) approved ethics course; (D)
13 Reimbursement to the Board of \$2,650.00 in ten consecutive payments; (E) obey all
14 laws and rules governing the practice of podiatric medicine in California; (F) through
15 (L) General reporting requirements; and (M) Fifty hours of continuing education. Said
16 decision is attached hereto and marked "Exhibit A."

17 5. The decision states in Paragraph 11(L) as follows:

18 "If respondent violates probation in any respect, the Board of
19 Podiatric Medicine, after giving respondent notice and the opportunity to
20 be heard, may revoke probation and carry out the disciplinary order that
21 was stayed. If an accusation or petition to revoke probation is filed
22 against respondent during probation, the Board of Podiatric Medicine
23 shall have continuing jurisdiction until the matter is final; the period of
24 probation shall be extended until the matter is final and no petition for
25 modification shall be considered while there is an accusation or petition
26 to revoke probation pending against respondent."

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STATUTES

6. Section 2018 of the Business and Professions Code^{1/} authorizes the Division of Medical Quality to adopt regulations as may be necessary to enable it to carry into effect the provisions of law relating to the practice of medicine.

7. Section 2222 of the Business and Professions Code provides that the California Board of Podiatric Medicine shall enforce and administer Article 12 (§§ 2220 et seq., found in chapter 5 of division 2 of the Code) as to podiatry certificate holders; any acts of unprofessional conduct or other violations proscribed by the chapter are applicable to licensed podiatrists. Section 2222 further provides that wherever the Division of Medical Quality is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the California Board of Podiatric Medicine also possesses the same authority as to licensed podiatrists. Section 2472 (a) and (b) provides that the certificate to practice podiatric medicine authorizes the holder the diagnose and immediately and surgically treat the human foot, including the ankle and tendons that insert into the foot and non-surgically treat the muscles and tendons of the leg governing the functions of the foot.

8. Section 2473 and Regulation 1399.689 provide that a doctor of podiatric medicine may perform surgical treatment of the ankle, provided that the person is certified by the board to perform that treatment. The board shall require licensees who apply for the certification to demonstrate sufficient knowledge of surgical treatment of the ankle and related subject matter and to provide evidence of staff privileges at a licensed general acute care facility. The board may accept successful completion of certification examinations administered by the American Board of Podiatric Surgery in lieu of any examination it may require.

1. All statutory references are to the Business and Professions Code, unless otherwise stated.

1 9. Section 2234, read with section 2222, provides that the California
2 Board of Podiatric Medicine shall take action against a holder of a podiatry certificate
3 who is guilty of unprofessional conduct. Unprofessional conduct includes, in pertinent
4 part, the following:

5 (a) Violating or attempting to violate, directly, or assisting in or
6 abetting the violation of, or conspiring to violate, any provision of this
7 chapter.

8 (b) Gross negligence.

9 (c) Repeated negligent acts.

10 (d) Incompetence.

11 (e) The commission of any act involving dishonesty or
12 corruption which is substantially related to the qualifications, functions, or
13 duties of a physician and surgeon.

14 10. Section 2497.5 provides, in pertinent part, as follows:

15 "(a) The Board may request the administrative law judge
16 under his or her proposed decision in resolution of a
17 disciplinary proceeding before the board, to direct any
18 licensee found guilty of unprofessional conduct to pay to the
19 board a sum not to exceed the actual and reasonable costs
20 of the investigation and prosecution of the case."

21 11. Business and Professions Code section 725 provides:

22 "Repeated acts of clearly excessive prescribing or administering of drugs
23 or treatment, repeated acts of clearly excessive use of diagnostic
24 procedures, or repeated acts of clearly excessive use of diagnostic or
25 treatment facilities as determined by the standard of the community of
26 licensees is unprofessional conduct for a physician and surgeon, dentist,
27 podiatrist . . ."

28 12. Section 2497(a) provides that the California Board of Podiatric
29 Medicine is mandated to enforce all provisions of article 12, which article includes
30 sections 2234 and 2236.1.

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1 FIRST CAUSE FOR REVOCATION OF PROBATION

2 13. As part of his probation in Case No. D-4551, respondent is
3 required under condition A of the decision to have a female third party monitor
4 present during any examination of a female patient which involves the unfastening or
5 removal of any article of clothing other than headwear or footwear, or which involves
6 exposure (at respondent's or staff's direction) of any part of the body other than the
7 head, arms or legs at knee level or below.

8 14. Respondent's receptionist/secretary, Mary Laurean, agreed to fulfill
9 the third party requirement and be present during any examination of a female patient
10 above the knees excluding the head, arms or legs.

11 15. On or about January or February, 1993, respondent was alone in
12 an examining room in his office with M.M.^{2/} M.M. came to see respondent about a
13 pulled hamstring muscle. At respondent's direction, M.M took off all of her clothes
14 and put on a blue gown that was open in the back. Respondent asked M.M. to stand
15 facing away from him and bend over until she felt her hamstring muscle tighten.

16 16. Respondent's conduct as set forth in paragraph 15 constitutes a
17 violation of condition 11(A) of the decision in Case No. D-4551 and is cause to revoke
18 respondent's probationary status and carry out the order that was stayed.

19
20 SECOND CAUSE FOR REVOCATION OF PROBATION

21 17. As part of his probation in Case No. D-4551, respondent is
22 required under condition 11(F) of the decision to submit quarterly reports, under the
23 penalty of perjury, on forms to be provided by the probation monitor appointed by the
24 Board.

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27 2. The name of the patient will be disclosed pursuant to any request for
discovery made by respondent.

1 18. Respondent acknowledged that his first report was due three
2 months from August 23, 1992. As of the date of this petition, the Board has not
3 received a quarterly probation report from respondent since June 1, 1994.

4 19. Respondent's conduct as set forth in paragraph 18 constitutes a
5 violation of condition 11(F) of the decision in Case No. D-4551 and is cause to revoke
6 respondent's probationary status and carry out the order that was stayed.

7
8 THIRD CAUSE FOR REVOCATION OF PROBATION

9 20. As part of his probation in Case No. D-4551, respondent is
10 required under condition 11(G) of the decision to comply with the probation
11 surveillance program, and upon reasonable request, appear in person at the local office
12 of the appointed probation monitor, as necessary.

13 21. On October 13, 1994, after receiving notice by certified mail,
14 Respondent failed to appear for an interview with his probation monitor.

15 22. Respondent's conduct, as set forth in paragraph 21, constitutes a
16 violation of condition 11(G) of the decision in Case No D-4551 and is cause to revoke
17 respondent's probationary status and carry out the order that was stayed.

18
19 FOURTH CAUSE FOR REVOCATION OF PROBATION

20 23. As part of his probation in Case No. D-4551, respondent is
21 required under condition 11(M) of the decision to comply with the continuing medical
22 education requirement.

23 24. Under the terms of his probation, respondent is required to
24 complete and submit proof biannually of fifty hours of Continuing Medical Education
25 for relicensing during each two-year renewal period, which runs from November 30,
26 1993 until November 30, 1995.

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1 25. Respondent has failed to submit CME information subsequent to
2 October, 1993.

3 26. Respondent's conduct, as set forth in paragraph 25, constitutes a
4 violation of condition 11(M) of the decision in Case No. D-4551 and is cause to revoke
5 respondent's probationary status and carry out the order that was stayed.

6
7 FIRST CAUSE FOR DISCIPLINARY ACTION AND FIFTH CAUSE FOR
8 REVOCATION OF PROBATION

9 (Patient D.H.^{3/})

10 27. On or about May 10, 1989, respondent undertook to treat D.H. for
11 bilateral curled fifth toes. The medical records show that respondent treated this
12 patient with palliation. There were no notations of a physical examination, past
13 medical history, history of present medical illness, or list of medications that the patient
14 was taking at the time.

15 28. On or about January 14, 1991, respondent took casts for orthotics
16 for D.H. The medical records lack any indication that D.H. had an abnormal gait,
17 pain or biomechanical problems. The insurance billing claim for January 14, 1991
18 shows a diagnosis of hammertoe, infection of nail and ingrown toenail. The medical
19 records do not mention any treatment for infection, range of motion studies, gait
20 studies, patient complaints or present medical illness history.

21 29. On or about January 30, 1991, the medical records indicate that
22 there was a patient visit; however, there are no notes whatsoever of the visit.

23 30. On or about February 8, 1991; respondent undertook to correct
24 D.H.'s bilateral fifth hammertoe. Once again, there is no record of D.H.'s physical
25

26
27 3. The name of the patient will be disclosed pursuant to any request for
discovery made by the respondent.

1 condition, no prescription for pain medication, no description of an abnormality and no
2 pre-operative lab work-up.

3 31. On or about March 4, 1991, the medical records indicate that
4 respondent removed the sutures.

5 32. On or about April 11, 1991, the medical records reflect that the
6 sutures were again removed. Waiting one or two months before removing sutures is an
7 extreme departure from the standard of practice in podiatric medicine.

8 33. On or about July 16, 1993, D.H. saw respondent for a free follow-
9 up appointment after she received a solicitation from respondent's office to be part of
10 a study regarding bone position and growth. Respondent examined and x-rayed D.H.'s
11 feet. There was no indication of pain or abnormalities in the medical records.

12 34. Respondent proceeded to bill Blue Shield \$195.00 for what was
13 supposed to be a free visit.

14 35. Respondent's conduct as set forth in paragraphs 27 through 34
15 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
16 action pursuant to section 2234 of the code.

17 36. Respondent's conduct as described above, constitutes gross
18 negligence and/or incompetence, and therefore is grounds for disciplinary action
19 pursuant to section 2234(b) and/or (c) of the code.

20 37. Respondent's conduct as set forth herein above constitutes
21 repeated negligent acts and is cause for disciplinary action pursuant to section 2234(d)
22 of the code.

23 38. Respondent's conduct as described above constitutes commission of
24 dishonest acts which are substantially related to the functions and duties of a podiatrist
25 and is grounds for disciplinary action pursuant to section 2234(e) of the code.
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1 39. Respondent's conduct as set forth in paragraphs 27, 33 and 34
2 constitutes a violation of condition E of the decision in case # D4551 and is cause to
3 revoke respondent's probationary status and carry out the order that was stayed.

4
5 SECOND CAUSE FOR DISCIPLINARY ACTION AND SIXTH CAUSE FOR
6 REVOCATION OF PROBATION

7 (Patient J.J.)

8 40. On or about July 17, 1990 respondent began treating J.J. for foot
9 problems. Respondent saw J.J. for a total of 23 times over a three and a half year
10 period extending until April 6, 1994.

11 41. Respondent never noted any of the following in J.J.'s chart: J.J.'s
12 general health, the presence of an infection, post-operative visits, taking of a culture,
13 palpation of pulses, prescription of antibiotics or conferences with J.J.'s primary care
14 doctor.

15 42. Respondent performed a total of eight matrixectomies, with three
16 being performed on the same toe.

17 43. According to the chart notes, respondent treated J.J. with palliation
18 on or about October 8, 1991. The billing form for the same day, however, indicates
19 that the patient had an infection and ingrown nails, and that respondent performed a
20 matrixectomy. The patient charts make no mention of infection, surgery, chronic or
21 painful ingrown nails. There is no evidence of a vascular exam or consultation and no
22 documentation of pulses. There is also no statement of informed consent.

23 44. On or about December 11, 1991, respondent treated J.J. with
24 palliation; however, the closest match in the billing records is the December 2, 1991
25 Medicare Billing Form which states diagnoses of peripheral vascular disease,
26 onychomycosis, onychocryptosis, and infection.

1 45. On or about February 10, 1992, respondent again treated J.J. with
2 palliation; however, the closest match in the billing records is February 3, 1992 which
3 has diagnoses identical to the December 2, 1991 claim form. Neither the December
4 11, 1991 nor the February 10, 1991 treatment records indicate any treatment for
5 infection such as an antibiotic prescription.

6 46. The treatment records for April, June, August, and December,
7 1992 and March, May, July, and September, 1993 do not support the diagnoses noted
8 in the billing records for the same months. The treatment records all indicate
9 palliation; however, the billing records note matrixectomies, infection, ingrown nails,
10 vascular occlusive disease, diabetes mellitus, peripheral vascular disease, onychomycosis
11 and onychocryptosis. On August 2, 1992 respondent performed a matrixectomy on the
12 medial border of the right great toe for a third time. The records for October 8, 1991
13 and June 9, 1992 indicate that the matrix had already been removed.

14 47. The medical records indicate that respondent performed surgeries
15 on a stated diabetic who had an infection and peripheral vascular disease but that he
16 did not take a culture or prescribe antibiotics. The records further indicate that
17 respondent failed to evaluate the patient's post-operative progress.

18 48. Respondent's conduct as set forth in paragraphs 40 through 47
19 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
20 action pursuant to section 2234 of the code.

21 49. Respondent's conduct as described above constitutes repeated acts
22 of clearly excessive treatment, and is therefore grounds for disciplinary action under
23 Business and Professions Code section 725.

24 50. Respondent's conduct as described above constitutes commission of
25 dishonest acts which are substantially related to the functions and duties of a podiatrist
26 and is grounds for disciplinary action pursuant to section 2234(e) of the code.
27

1 51. Respondent's conduct as described above constitutes gross
2 negligence and/or incompetence and is cause for disciplinary action pursuant to sections
3 2234(b) and/or (c) of the code.

4 52. Respondent's conduct as set forth herein above constitutes
5 repeated negligent acts and is cause for disciplinary action pursuant to section 2234(d)
6 of the code.

7 53. Respondent's conduct as set forth in paragraphs 40, 41, 46 and 47
8 constitutes a violation of condition E of the decision in case # D4551 and is cause to
9 revoke respondent's probationary status and carry out the order that was stayed.

10
11 THIRD CAUSE FOR DISCIPLINARY ACTION AND SEVENTH CAUSE FOR
12 REVOCATION OF PROBATION

13 (Patient M.M.)

14 54. Respondent committed perjury when he submitted a quarterly
15 report, under the penalty of perjury, to the effect that he was in compliance with the
16 terms of his probation when, in fact, he had violated condition 11(A), the requirement
17 that a female monitor be present during any examination of a female patient which
18 involves the unfastening or removal of any article of clothing other than headwear or
19 footwear, or which involves exposure (at respondent's or staff's direction) of any part of
20 the body other than the head, arms or legs at knee level or below.

21 55. On or about January or February of 1993 respondent examined
22 M.M. while she was wearing nothing but a blue gown. In an apparent attempt to
23 investigate her complaint of a pulled hamstring muscle, he had her stand facing away
24 from him and bend over.

25 56. Respondent's conduct as set forth in paragraphs 54 and 55
26 constitutes commission of a dishonest act which is substantially related to the functions
27

1 and duties of a podiatrist and is grounds for disciplinary action under section 2234(e)
2 of the code.

3 57. Respondent's conduct as set forth in paragraphs 54 and 55
4 constitutes a violation of conditions A and E of the decision in case # D4551 and is
5 cause to revoke respondent's probationary status and carry out the order that was
6 stayed.

7
8 FOURTH CAUSE FOR DISCIPLINARY ACTION AND EIGHTH CAUSE FOR
9 REVOCAION OF PROBATION

10 (Patient M.M.)

11 58. On or about October 6, 1992, respondent began treating M.M. for
12 pain in connection with a long history of bunions. Respondent noted in the records
13 that M.M. had arch, heel and lateral column pain as well as shin splint pain. He
14 treated this patient by casting for orthotics. The billing form which detailed the
15 orthotics also referred to range of motion muscle testing and gait study. There were
16 no notations of a physical examination, past medical history, history of present medical
17 illness, or list of medications that the patient was taking at the time.

18 59. Respondent did not note range of motion studies, gait studies or
19 muscle testing in the patient chart. Respondent also failed to attempt conservative
20 approaches such as prescription of antibiotics or foot soaks, prior to performing
21 surgery.

22 60. Although no chart entry exists for December 4, 1992, and
23 December 11, 1992, the billing forms indicate that eight matrixectomies were performed
24 and references infected and ingrown nails. The billing form for December 14, 1992
25 also indicates that four matrixectomies were performed; however, the medical records
26 do not mention matrixectomies or post-operative care.

1 61. On or about December 17, 1992, respondent performed a bilateral
2 bunionectomy with Herbert screw fixation on M.M. Respondent performed ten
3 surgeries on M.M.'s infected toes within a ten-day period.

4 62. Respondent continued to treat M.M. through April 1, 1993. M.M.
5 complained of hamstring muscle strain. During seven visits, from January 25, 1993
6 until February 22, 1993, respondent treated M.M. with ultrasound on her upper leg and
7 buttocks. Respondent eventually admitted that hamstring strains were not his specialty
8 and referred M.M. to a sports medicine orthopedist.

9 63. On March 23, 1993, Respondent billed for an office visit, injection
10 and ultrasound; however, there is nothing in the chart to reflect these procedures. On
11 March 26, 1993, respondent billed for an office visit, injection and nerve block and
12 again nothing appeared in the medical records. Finally, on April 1, 1993, respondent
13 billed for an office visit but there is no corresponding documentation in the chart.

14 64. Respondent's conduct as set forth in paragraphs 58 through 63
15 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
16 action pursuant to section 2234 of the code.

17 65. The conduct described above constitutes gross negligence and/or
18 incompetence and is cause for disciplinary action pursuant to section 2234(b) and/or (c)
19 of the code.

20 66. Respondent's conduct as set forth herein above constitutes
21 repeated negligent acts and is cause for disciplinary action pursuant to section 2234(d)
22 of the code.

23 67. Respondent's conduct as described above constitutes commission of
24 dishonest acts which are substantially related to the functions and duties of a podiatrist
25 and is grounds for disciplinary action pursuant to section 2234(e) of the code.
26
27

1 68. The conduct as described above constitutes treatment outside the
2 scope of respondent's podiatric license and is grounds for disciplinary action pursuant
3 to section 2472.

4 69. Respondent's conduct as set forth in paragraphs 58 through 63
5 constitutes a violation of condition E of the decision in case # D4551 and is cause to
6 revoke respondent's probationary status and carry out the order that was stayed.

7
8 FIFTH CAUSE FOR DISCIPLINARY ACTION AND NINTH CAUSE FOR
9 REVOCATION OF PROBATION

10 (Patient M.B.)

11 70. On or about February 1, 1993, respondent began treating M.B. for
12 painful and sprained feet and ankles, bilaterally, with edema. Respondent made no
13 mention of patient history or physical examination, no evaluation of patient's condition,
14 no reference to the cause of the ankle injury, no reference to medications taken by the
15 patient and no history of present illnesses. According to the medical records, no
16 treatment was rendered for the painful feet and ankles. The only treatment
17 respondent rendered was the casting of orthotics. The billing records show that
18 complete x-rays had been taken of both feet; however, there is no mention in the chart
19 of the x-ray results.

20 71. On or about February 2, 1993, respondent saw M.B. for an
21 infection and performed ingrown nail surgery. Respondent did not indicate the
22 duration or degree of the infection, whether a culture had been taken, or whether
23 antibiotics had been dispensed. There is no surgery report or surgical consent in the
24 records. The entry in the medical records for February 1, 1993 made no mention of
25 any infection or ingrown nails.

1 72. Respondent's conduct as set forth in paragraphs 70 and 71
2 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
3 action pursuant to section 2234 of the code.

4 73. The conduct described above constitutes gross negligence and/or
5 incompetence and is cause for disciplinary action pursuant to section 2234(b) and/or (c)
6 of the code.

7 74. Respondent's conduct as set forth herein above constitutes
8 repeated negligent acts and is cause for disciplinary action pursuant to section 2234(d)
9 of the code.

10 75. Respondent's conduct as described above constitutes commission of
11 a dishonest act which is substantially related to the functions and duties of a podiatrist
12 and is grounds for disciplinary action pursuant to section 2234(e) of the code.

13 76. Respondent's conduct as set forth in paragraphs 70 and 71
14 constitutes a violation of condition E of the decision in case # D4551 and is cause to
15 revoke respondent's probationary status and carry out the order that was stayed.

16
17 SIXTH CAUSE FOR DISCIPLINARY ACTION AND TENTH CAUSE FOR
18 REVOCATION OF PROBATION

19 (Patient F.D.)

20 77. On or about February 23, 1993, respondent treated F.D. for
21 painful ingrown toenails of both hallux with a decreased pulse. Respondent conducted
22 a vascular evaluation but failed to date it, interpret it, or label it with the patient's
23 name. Even though the vascular evaluation in the chart was normal, respondent
24 prepared for surgery. The billing records from February 26, 1993, March 1, 1993 and
25 May 3, 1993 indicate that F.D. had an infection and peripheral vascular disease. The
26 chart reflects surgeries on February 26 and March 1, 1993 and palliation on May 3,
27 1993, but makes no mention of any infection.

1 78. Respondent failed to record the state of F.D.'s general health and
2 current medications. Without recording any recommendations for foot soaks or other
3 attempts at conservative care, respondent performed a double matrixectomy on the
4 right great toe and three days later, he performed surgery on the left great toe. A
5 patient consent form, results from a culture, and reference to an antibiotic prescription
6 are all conspicuously absent from the medical records.

7 79. Respondent's conduct as set forth in paragraphs 77 and 78
8 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
9 action pursuant to section 2234 of the code.

10 80. The conduct described above constitutes gross negligence and/or
11 incompetence and is grounds for disciplinary action pursuant to section 2234(b) and/or
12 (c) of the code.

13 81. Respondent's conduct as set forth herein above constitutes
14 repeated negligent acts and is cause for disciplinary action pursuant to section 2234(d)
15 of the code.

16 82. Respondent's conduct as described above constitutes commission of
17 dishonest acts which are substantially related to the functions and duties of a podiatrist
18 and is grounds for disciplinary action pursuant to section 2234(e) of the code.

19 83. Respondent's conduct as set forth in paragraphs 77 and 78 and
20 constitutes a violation of condition E of the decision in case # D4551 and is cause to
21 revoke respondent's probationary status and carry out the order that was stayed.
22

23 SEVENTH CAUSE FOR DISCIPLINARY ACTION AND ELEVENTH CAUSE FOR
24 REVOCATION OF PROBATION

25 (Patient T.F.)

26 84. T.F. is a 73-year-old man who saw respondent approximately
27 twelve times from December 9, 1992 to May 3, 1994. On the initial visit, respondent

1 noted in the chart that the patient is "post CVA, left side, chronic ingrown nail, no
2 pulses bilateral with PVD." Respondent failed to obtain patient history, illnesses, family
3 medical background, current state of health and current medications. Respondent
4 treated T.F. with palliation.

5 85. The chart notes from March 22, 1993 reflect that T.F. suffered
6 from "left hallux, nail border avulsed, infection and ingrowing." Two days later,
7 respondent performed a vascular evaluation and noted that the toe looks good for
8 surgery. Without recording any recommendations for foot soaks or other attempts at
9 conservative care, respondent performed a partial matrixectomy on the left hallux two
10 days after an avulsion and vascular evaluation.

11 86. A patient surgical consent form, results from a culture, and
12 reference to an antibiotic prescription are all conspicuously absent from the medical
13 records. The billing forms for T.F.'s treatment show a diagnosis of peripheral vascular
14 disease, yet the medical records contain no vascular studies nor do they reflect
15 treatment for infection.

16 87. Respondent's conduct as set forth in paragraphs 84 through 86
17 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
18 action pursuant to section 2234 of the code.

19 88. The conduct described above constitutes gross negligence and/or
20 incompetence and is grounds for disciplinary action pursuant to section 2234(b) and/or
21 (c) of the code.

22 89. Respondent's conduct as set forth herein above constitutes
23 repeated negligent acts and is cause for disciplinary action pursuant to section 2234(d)
24 of the code.

25 90. Respondent's conduct as described above constitutes commission of
26 dishonest acts which are substantially related to the functions and duties of a podiatrist
27 and is grounds for disciplinary action pursuant to section 2234(e) of the code.

1 91. Respondent's conduct as described above constitutes repeated acts
2 of clearly excessive treatment, and is therefore grounds for disciplinary action under
3 Business and Professions Code section 725.

4 92. Respondent's conduct as set forth in paragraphs 84 through 86
5 constitutes a violation of condition E of the decision in case # D4551 and is cause to
6 revoke respondent's probationary status and carry out the order that was stayed.

7
8 EIGHTH CAUSE FOR DISCIPLINARY ACTION AND TWELFTH CAUSE FOR
9 REVOCATION OF PROBATION

10 (Patient N.H.)

11 93. N.H. is a 74-year-old woman who initially saw respondent on April
12 8, 1985 for debridement of mycotic nails and a KOH for onychomycosis. On the same
13 day, respondent performed tenotomies on several of N.H.'s hammertoes as well as a
14 second metatarsal osteotomy.

15 94. Respondent's notes of this initial visit make no mention of N.H.'s
16 general health, medications, past medical history or chief complaint. The medical
17 records contain no informed consent form, no description of the patient's vascular
18 status, no post-operative instructions, no post-operative medication prescriptions and no
19 recommendation for conservative care. Between April 8, 1985 and May 30, 1985
20 respondent performed eight surgical procedures on N.H., including six for bone
21 surgeries and two for soft tissue.

22 95. In the billing form for November 16, 1992, respondent noted a
23 diagnosis of peripheral vascular disease, absent pulses and pedal edema; however, the
24 charts of the studies reflect a normal blood flow.

25 96. Respondent's conduct as set forth in paragraphs 93 through 95
26 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
27 action pursuant to section 2234 of the code.

97. The conduct described above constitutes gross negligence and/or incompetence and is grounds for disciplinary action pursuant to section 2234(b) and/or (c) of the code.

98. Respondent's conduct as set forth herein above constitutes repeated negligent acts and is cause for disciplinary action pursuant to section 2234(d) of the code.

99. Respondent's conduct as described above constitutes commission of dishonest acts which are substantially related to the functions and duties of a podiatrist and is grounds for disciplinary action pursuant to section 2234(e) of the code.

100. Respondent's conduct as set forth in paragraphs 94 and 95 constitutes a violation of condition E of the decision in case # D4551 and is cause to revoke respondent's probationary status and carry out the order that was stayed.

NINTH CAUSE FOR DISCIPLINARY ACTION AND THIRTEENTH CAUSE FOR
REVOCATION OF PROBATION

(Patient B.G.)

101. Respondent initially saw B.G. for a painful left ankle on January 5, 1990. Respondent treated B.G. with an Unna boot and palliative care for mycotic nails which were ingrown to the skin. There is no record that this patient was seen for removal of the boot or follow-up care.

102. Respondent's notes of this initial visit make no mention of N.H.'s general health, medications, past medical history or whether the x-rays were positive or negative for an ankle fracture. The medical records contain no description of the patient's vascular status, no post-operative instructions, no post-operative medication prescriptions and no recommendation for conservative care.

103. The billing form of May 8, 1990 shows a diagnosis of onychomycosis and peripheral vascular disease; however, there is no documentation in

1 the medical records to support such a diagnosis. There is no evidence that any type of
2 fungus culture was taken or that a vascular evaluation was conducted.

3 104. On August 22, 1990, respondent notes palliation hydrotherapy in
4 the chart; however, there is no explanation of this patient's condition which would
5 support hydrotherapy. The billing form of the same date indicates a diagnosis of
6 onychomycosis and peripheral vascular disease.

7 105. On or about March 5, 1991, respondent performed a partial
8 matrixectomy. The corresponding billing form indicates infection but there is no such
9 mention in the medical records. There is also no informed consent form.

10 106. On or about April 30, 1992, the chart notes reflect bilateral ankle
11 and foot sprain and edema. Respondent treated B.G. with a bilateral strap and an
12 Unna boot. T.F.'s medical chart contains no history of the present illness, no
13 explanation of how the injury occurred, and no evaluation of the patient's vascular
14 status or x-ray findings.

15 107. The next entry in the medical records is November 7, 1992 when
16 respondent lists palliation as the treatment. There is no billing form for that date;
17 however, the billing form for September 7, 1992 reflects a diagnosis of onychomycosis
18 and peripheral vascular disease. The medical records do not support this diagnosis.

19 108. T.F.'s chart notes for February 8, 1993 reflect that respondent
20 performed a bilateral hallux matrixectomy but do not mention whether he obtained
21 informed consent. Although the corresponding Medicare Health Insurance Claim form
22 indicates a diagnosis of infection, ingrown toenail, and peripheral vascular disease,
23 respondent's notes do not mention infection or any treatment for such a diagnosis.

24 109. Respondent's conduct as set forth in paragraphs 101 through 108
25 hereinabove constitutes general unprofessional conduct and is cause for disciplinary
26 action pursuant to section 2234 of the code.

27

1 110. The conduct described above constitutes gross negligence and/or
2 incompetence and is grounds for disciplinary action pursuant to section 2234(b) and/or
3 (c) of the code.

4 111. Respondent's conduct as set forth herein above constitutes
5 repeated negligent acts and is cause for disciplinary action pursuant to section 2234(d)
6 of the code.

7 112. Respondent's conduct as described above constitutes commission of
8 dishonest acts which are substantially related to the functions and duties of a podiatrist
9 and is grounds for disciplinary action pursuant to section 2234(e) of the code.

10 113. Respondent's conduct as described above constitutes repeated acts
11 of clearly excessive treatment, and is therefore grounds for disciplinary action under
12 Business and Professions Code section 725.

13 114. Respondent's conduct as set forth in paragraphs 107 and 108
14 constitutes a violation of condition E of the decision in case # D4551 and is cause to
15 revoke respondent's probationary status and carry out the order that was stayed.

16 WHEREFORE, complainant requests that a hearing be held and that
17 thereafter the Board issue an order:

18 1. Revoking respondent's probation and carrying out the order that was
19 stayed;

20 2. Revoking or suspending respondent's podiatry certificate number E-
21 2041, heretofore issued to respondent Robert Knight, D.P.M.;

22 3. Directing respondent to pay to the Board a reasonable sum for its
23 investigative and enforcement costs of this action;

24 4. Prohibiting respondent from supervising any podiatric assistants; and

25 ///

26 ///

27 ///

1 5. Taking such other and further action as is deemed just and proper to
2 protect the public health, safety, and welfare.
3

4 DATED: December 4, 1995 .
5

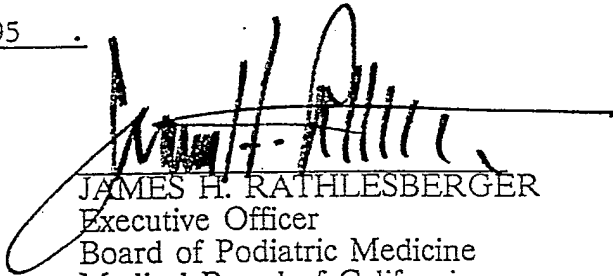
6 
7 JAMES H. RATHLESBERGER
8 Executive Officer
9 Board of Podiatric Medicine
10 Medical Board of California
11 State of California
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EXHIBIT A

BOARD OF PODIATRIC MEDICINE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the
Accusation Against:

D-4551

Robert William Knight Jr., D.P.M.
License # E-2328

Respondent.

DECISION

The attached Stipulation is hereby adopted by the
Board of Podiatric Medicine of the Medical Board of California as
its Decision in the above-entitled matter.

This Decision shall become effective on August 23, 1992

IT IS SO ORDERED July 23, 1992

MEDICAL BOARD OF CALIFORNIA

I do hereby certify that
this document is true
and correct copy of the
original on file in this
office.

[Signature]
SIGNED

8-2-95
DATE

Asst Custodian of Records
TITLE

BOARD OF PODIATRIC MEDICINE
MEDICAL BOARD OF CALIFORNIA

[Signature]
KAREN MC ELLIOTT, President

MEDICAL BOARD OF CALIFORNIA
I do hereby certify that
this document is true
and correct copy of the
original on file in this
office.

[Signature]
SIGNED
8-2-95
DATE
Asst Custodian of Records
TITLE

1 DANIEL E. LUNGREN, Attorney General
2 of the State of California
3 VIVIEN H. HERSH, Supervising
4 Deputy Attorney General
5 455 Golden Gate Avenue, Suite 6200
6 San Francisco, CA 94102
7 Telephone: (415) 703-1524
8
9 Attorneys for Complainant
10

BEFORE THE
CALIFORNIA BOARD OF PODIATRIC MEDICINE
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

11 In the Matter of the Accusation)
12 Against:)
13 ROBERT WILLIAM KNIGHT, JR., D.P.M.)
14 39 North San Mateo Drive, #4)
15 San Mateo, CA 94401)
16 License No. E-2328)
17 Respondent.)
18

NO. 4551

STIPULATION FOR
SETTLEMENT

17 IT IS HEREBY STIPULATED AND AGREED by and between the
18 parties to the above entitled matter as follows:

19 1. At the time of executing and filing the accusation
20 in the above matter, complainant, James H. Rathlesberger, was the
21 Executive Officer of the Board of Podiatric Medicine of the State
22 of California (hereinafter the "Board") and performed said acts
23 solely in his official capacity as such.

24 2. James H. Rathlesberger is represented herein by
25 Daniel E. Lungren, Attorney General of the State of California,
26 by, Vivien H. Hersh, Supervising Deputy Attorney General.

27 //

1 3. Robert William Knight, Jr., D.P.M., (hereinafter
2 "respondent") and his attorney of record, Louis C. Castro, Esq.,
3 D.P.M. have carefully read and scrutinized the provisions
4 contained in this stipulation and fully understand the provisions
5 contained in this stipulation and their effect.

6 4. Respondent has received and read the accusation
7 which is presently on file and pending in case number D-4551
8 before the Board of Podiatric Medicine of the Department of
9 Consumer Affairs of the State of California. (A true and
10 accurate copy of said accusation number D-4551 is attached hereto
11 as Exhibit A.)

12 5. Respondent understands the nature of the charges
13 alleged in the above mentioned accusation and that said charges
14 and allegations would constitute cause for imposing discipline
15 upon respondent's license to practice podiatric medicine
16 heretofore issued by the Board..

17 6. Respondent is aware of each of respondent's
18 rights, including the right to a hearing on the charges and
19 allegations; respondent's right to confront and cross-examine
20 witnesses who would testify against him; respondent's right to
21 present evidence in his favor or to call witnesses in his behalf,
22 or to so testify himself; respondent's right to contest the
23 charges and allegations and any other rights which may be
24 accorded him pursuant to the California Administrative Procedure
25 Act (Gov. Code, § 11500 et seq.); his right to reconsideration,
26 appeal to superior court and to any other or further appeal;
27 respondent understands that in signing this stipulation rather

1 than contesting the accusation, he is enabling the Board to
2 impose disciplinary action upon his license upon this stipulation
3 without further process.

4 7. Respondent freely and voluntarily waives his
5 rights to a hearing, reconsideration, appeal and any and all
6 other rights set forth hereinabove and in the California
7 Administrative Procedure Act and the Code of Civil Procedure;
8 respondent rather than contesting the charges in the accusation
9 presently on file at a formal hearing, for the purpose of the
10 instant stipulation, only, admits and stipulates to the truth and
11 accuracy of each and every one of the allegations and charges
12 enumerated in paragraphs 5 (five), including subparagraphs 5A,
13 5B, 5C, 5D, 5E, 5F, 5G and 5H.

14 8. Respondent, for the purpose of the instant
15 stipulation only, further admits and stipulates as follows:

16 A. Respondent's conduct as set forth in paragraph 5 ,
17 subparagraphs A, B, C, D, E, F, G and H of the said accusation
18 constitutes general unprofessional conduct (repeated negligent
19 acts) and is cause for disciplinary action pursuant to section
20 2234, subdivision (c) of the Business and Professions Code.

21 9. All admissions of fact and conclusions of law
22 contained in this Stipulation are made exclusively for this
23 proceeding and any future proceeding between the Board and the
24 respondent and shall not be deemed to be admissions for any
25 purpose in any other administrative, civil or criminal action,
26 forum or proceeding.

27 //

1 10. The Board has the authority to take disciplinary
2 action against respondent's license for general unprofessional
3 conduct pursuant to section 2234 of the Business and Professions
4 Code; and for repeated negligent acts pursuant to section 2234(c)
5 of the Business and Professions Code.

6 11. Based upon all of the foregoing admissions,
7 stipulations, and recitals it is stipulated and agreed that the
8 Board may issue a decision upon this stipulation whereby:

9 Podiatric Medicine license number E-2328
10 heretofore issued to respondent Robert
11 William Knight, III, D.P.M., is hereby
12 revoked; provided, however, that said
13 revocation is stayed and respondent is placed
14 on probation for a period of five (5) years
15 on the following terms and conditions:

16 A. THIRD PARTY PRESENCE .

17 During probation, respondent shall have a
18 female third party present during any
19 examination or treatment of any female
20 patient which involves the unfastening or
21 removal of any article of clothing other than
22 headware or footwear, or which involves the
23 exposure (at respondent's or staff's
24 direction) of any part of the body other than
25 the head, arms, or legs at knee level or
26 below. Prior to serving as a third party
27 presence, said third party shall be advised

1 by respondent of the requirements of this
2 paragraph and respondent shall provide said
3 third party with a copy of this stipulation
4 and decision in case number D-4551.

5 B. COMMUNITY SERVICES - FREE SERVICES (480
6 HOURS)

7 Within 60 days of the effective date of this
8 decision, respondent shall submit to the
9 Board of Podiatric Medicine for its prior
10 approval a community service program in which
11 respondent shall provide free medical
12 services on a regular basis to a community or
13 charitable facility or agency for at least 16
14 hours a month for the first 15 months of
15 probation following approval of said
16 community service program. Neither
17 respondent nor respondent's practice nor any
18 partner, associate, family member, relative,
19 friend, acquaintance or employee of
20 respondent shall benefit financially or
21 otherwise from such a community service
22 program.

23 C. ETHICS COURSE

24 Within 60 days of the effective date of this
25 decision, respondent shall submit to the
26 Board of Podiatric Medicine for its prior
27 approval a course in Ethics, which respondent

1 shall successfully complete during the first
2 year of probation.

3 D. BOARD COST RECOVERY (\$2,650.00)

4 Respondent shall reimburse the Board for the
5 cost of investigation and prosecution of this
6 case resulting in probation in the amount of
7 \$2,650.00 total, payable in 10 (ten)
8 consecutive monthly installments of \$265.00,
9 by way of check or money order made payable
10 to the Board of Podiatric Medicine, said
11 installment payments to be mailed or
12 delivered to the Board by the first of each
13 consecutive month, the first payment being
14 due on the first day of the first month
15 following the effective date of this
16 decision.

17 STANDARD CONDITIONS

18 E. OBEY ALL LAWS

19 Respondent shall obey all federal, state and
20 local laws, and all rules governing the
21 practice of podiatric medicine in California.

22 F. QUARTERLY REPORTS

23 Respondent shall submit quarterly
24 declarations, under penalty of perjury, on
25 forms provided by the Board of Podiatric
26 Medicine, stating whether there has been

1 compliance with all the conditions of
2 probation.

3 Notwithstanding any provision for tolling of
4 requirements of probation, during the
5 cessation of practice respondent shall
6 continue to submit quarterly declarations
7 under penalty of perjury.

8 G. SURVEILLANCE PROGRAM

9 Respondent shall comply with the Board of
10 Podiatric Medicine's probation surveillance
11 program.

12 H. INTERVIEW WITH PODIATRIC MEDICAL CONSULTANT

13 Respondent shall appear in person for
14 interviews with the Board of Podiatric
15 Medicine's medical consultant, upon request,
16 at various intervals and with reasonable
17 notice.

18 I. TOLLING FOR CESSATION OF PRACTICE

19 In the event the respondent fails to
20 satisfactorily complete any provision of the
21 order of probation, which results in the
22 cessation of practice, all other provisions
23 of probation other than the submission of
24 quarterly reports shall be held in abeyance
25 until respondent is permitted to resume the
26 practice of podiatry. All provisions of
27 probation shall recommence on the effective

1 date of resumption of practice. Periods of
2 cessation of practice will not apply to the
3 reduction of the probationary period.

4 J. TOLLING FOR OUT-OF-STATE PRACTICE OR RESIDENCE

5 In the event respondent shall leave
6 California to reside or to practice outside
7 the State, respondent must notify the Board
8 of Podiatric Medicine in writing of the dates
9 of departure and return. Periods of
10 residency or practice outside California will
11 not apply to the reduction of this
12 probationary period.

13 K. COMPLETION OF PROBATION

14 Upon successful completion of probation,
15 respondent's certificate will be fully
16 restored.

17 L. VIOLATION OF PROBATION

18 If respondent violates probation in any
19 respect, the Board of Podiatric Medicine,
20 after giving respondent notice and the
21 opportunity to be heard, may revoke probation
22 and carry out the disciplinary order that was
23 stayed. If an accusation or petition to
24 revoke probation is filed against respondent
25 during probation, the Board of Podiatric
26 Medicine shall have continuing jurisdiction
27 until the matter is final; the period of

1 probation shall be extended until the matter
2 is final and no petition for modification of
3 penalty shall be considered while there is an
4 accusation or petition to revoke probation
5 pending against respondent.

6 M. COMPLIANCE WITH REQUIRED CONTINUING MEDICAL EDUCATION

7 Respondent shall submit satisfactory proof
8 biennially to the Board of Podiatric Medicine
9 of compliance with the requirement to
10 complete fifty hours of approved continuing
11 medical education for re-licensure during
12 each two (2) year renewal period.

13 12. The within stipulation shall be subject to the
14 approval of the Board of Podiatric Medicine. If the Board of
15 Podiatric Medicine fails to approve this stipulation, it shall be
16 of no force or effect for either party.

17 DANIEL E. LUNGREN
18 Attorney General

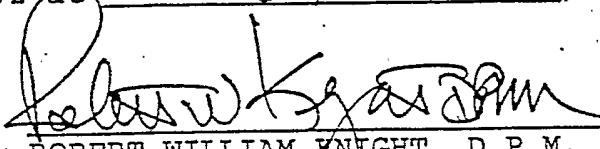
19 DATED: 5/8/92

20 *Vivien H. Hersh*
21 VIVIEN H. HERSH, Supervising
22 Deputy Attorney General


23 Attorneys for Complainant
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I hereby certify that I have read this Stipulation,
Waiver and Dismissal in its entirety, that I fully understand all
of same, and in witness thereof, I affix my signature this 6th
day of May, 1992 at San Mateo,
California.


ROBERT WILLIAM KNIGHT, D.P.M.
Respondent

DATED: 5/6/92


Louis C. Castro, Esq.
Attorney for Respondent